



“...inside every old person is a young person wondering what happened.”

Terry Pratchett

Qualitative report ‘Ageing Well’

Somerset: Our County

Joint Strategic Needs Assessment 2017

DRAFT

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Introduction and background



Welcome to the 'Somerset: Our County Joint Strategic Needs Assessment' (JSNA) qualitative report on ageing well. The JSNA is a government 'must do' and is undertaken each year by our Health and Wellbeing Board.

We collect and analyse a lot of data for our JSNA about health and wellbeing. Equally important is the experience, observations and perceptions of 'ordinary people' – the human face of the JSNA - which gives context to the facts and figures.

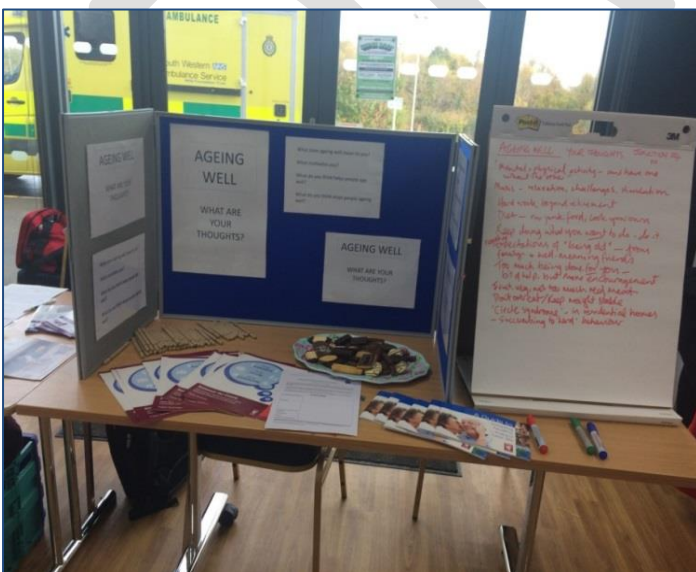
We've talked to over 100 people, from different areas and walks of life to see what ageing well in Somerset means to them. As you might imagine, there is some good and some bad, with useful insight in-between reflecting real life about getting older.

We've been able to record a rich and interesting mix of views that ensures our JSNA is deepened by personal experience.

While this report was being written, AgeUK released a summary of its [Index of Wellbeing in Later Life](#). It says, *"The most striking finding is the importance of maintaining meaningful engagement with the world around you in later life."* which mirrors the findings in our results.

Report structure

The report is a summary of all our qualitative work and includes individual comments that illustrate different perspectives; all the comments from each discussion group, interviews and engagement events can be seen in detail by clicking on the link in the 'List of Participants' on pages 2 and 3. Some views and opinions may seem



obvious, but all are taken from individual experience and perception. This sort of insight is what makes a qualitative report so invaluable to our JSNA.

Feedback following circulation of the draft report to all participants indicated one group felt there should have been more emphasis of the effects of violence toward older people. Although this subject was not raised in discussion, it is a real concern to be acknowledged,

Methodology - What did we do and how did we do it?

We took an informal approach and looked at groups and individuals who might be interested in talking about ageing well. The majority of people were over 65; some were in their nineties, a scattering were younger and their views were equally valuable as they looked ahead to their own older age and also reflected on older people they knew.



We spoke to people whose experiences show marked differences in their own personal circumstances. We found people to hear from through a broad range of representative groups. We acknowledge a potential gap in talking directly to known ethnic minority groups and also members of the LGBT community.

All responses are anonymised.

We wrote a facilitator guide for the interviews and discussion groups and for the informal engagement work, we took display boards with three key questions:

- ? What helps people to age well
- ? What doesn't help people to age well
- ? What motivates you

List of participants

Below is a list with links to the detail of all the discussions. This is where to find the all the views and observations recorded as they were given.

✚ Four individual interviews (please note these links aren't 'live' yet)

✚ Discussion groups with: (links below are 'live')

- [District and County Councillors](#)
- [Priorswood Community Centre drop in](#)
- [Priorswood Community Centre Scrabble Group](#)
- [Members of Sedgemoor Older Persons' Forum](#)
- [Members of the Somerset Engagement and Advisory Group \(SEAG\)](#)
- [Members of the Service User Engagement Group \(SUEG\) – Social Care](#)
- [Members of the Taunton Deane Borough Council Sheltered Housing Development Group](#)
- [Members of the Burrowbridge Men's Shed](#)

Engagement events with:

- [Members of the University of the Third Age \(U3A\) and drop in at Burnham on Sea Active Living Centre](#)
- [Health Fair for the Over 60s at Junction 24](#)

In addition, we are also grateful for a case study given to us by the Somerset clinical Commissioning Group with Age UK and case studies from the Community Council for Somerset (CCS) (please note these links aren't 'live' yet)

Acknowledgements

Carrying out this work isn't possible without people prepared to take part and to give of their time and experience. A very grateful and sincere thank you is due to all the participants.



Thank you also to these key contacts for their support:

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Feedback is always welcome

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1. Ageing Well Summary

- 1.1 **Social contact** (specifically in terms of face to face social contact through a wide and hugely varied range of activities) was the key link in all discussions and the overwhelmingly positive factor in people's mental wellbeing and for ageing well.
- 1.2 Conversely, **isolation and loneliness** are factors that significantly reduce a person's quality of life and reflect the importance of social contact and adequate transport.
- 1.3 **Transport** was a big, repeated, negative issue. Its availability, affordability and accessibility were just some of the barriers it created to ageing well.
- 1.4 Effective and timely **support**, health and social care when it's needed, community support and information about 'what's out there' help people age well.
- 1.5 The importance of opportunities for and the benefits of **intergenerational contact**. Many older people empathised with the younger generation and wanted to use their own experiences of life to help young people improve and sustain their own health and wellbeing.
- 1.6 **Media negativity** toward older people and in general is playing a part in making people anxious and fearful and to some extent frustrated.
- 1.7 **Independence**, personal resilience, being in control, good relationships (including with young people and pets) contribute to ageing well.



were seen as positives for older life.

- 2.2 Diet in **childhood** was considered by most to be healthier: more fruit and vegetables, often home grown and always home cooked, seasonal, smaller portioned and without the intervention of 'snacks'. Of course, for those who had been children during World War II and in its immediate aftermath, a lot of food was rationed, often scarce or unavailable.



"We couldn't eat too much of anything!"

"[We had] home cooking, home economics, we ate to survive, no processed food, had to make the best use of food yourself, no freezer no waste and we grew more [food],"

"...food was valued more, people knew about their food and how it was produced."

"Food was from the land, no processed food, you knew what was in it."

- 2.3 Also raised were the many **influences to changes in diet**; the invention of the microwave, ready prepared food, more choice of food (not always perceived to be a good thing) and food no longer being seasonal. Additional factors were linked to isolation or bereavement

"If you're isolated or lonely, you don't cook so much."

"Eating alone – there's not so much enjoyment so you don't eat so well and don't cook so much."

- 2.4 There were concerns about **changes to eating habits** generally *"There used to be time for preparation....[]....meals are now often refuelling rather than social occasions..."*, the growth in portions and again, generally how much food is now available in supermarkets, and also how much is wasted when it is still safe to eat. However, one participant threw caution to the wind:

"Get past sixty; don't give a damn about what you eat!"

Exercise

- 2.5 Exercise featured similarly to diet, in terms of helping people age well; keep fit classes for older people, Tai Chi, swimming and walking; there is a strong link



with social contact and encouragement in many activities. The ability to exercise, naturally differed depending on participants' physical and mental health but was also influenced by the accessibility and cost of leisure facilities, transport and for some older cyclists, an increase in traffic.

“Walking to the community centre, walking in to town and around town....”

“Making a physical effort to do things [helps you age well] – walking, swimming, but more free activities would help.”

“I would do a lot more if I had someone to do it with. It helps to have a kindred spirit to motivate me.”

“[]...now there is a proliferation of cars and computers.”

- 2.6 Some exercise and physical activity in **childhood** (and indeed for many adults at that time) seemed to just be a ‘part of life’: walking to get to school and back and in one case, to the GP - a four mile round trip. Sport was described as ‘seasonal’ with summer and winter sports on the curriculum, as much of it took place outside. Cycling, games, swimming, *“running after boys”*, music and movement, climbing trees, hockey, tennis and cricket were some of the activities mentioned and, as children playing outside, without a perceived sense of danger.

“There was no fear about going out to play....”

“[We were] always encouraged to go outside and I carried this on with my own family.”

Leisure activities

- 2.7 Leisure activities such as cooking, gardening, growing vegetables, dancing and groups with specific interests like drama, books, scrabble, history, social singing, walking, swimming, postcards, community groups within Sheltered Housing, Tai Chi, art, music, U3A, Active Living Centres, the church and learning new things were felt to have a very positive influence on health and wellbeing. Additionally, intergenerational interaction, campaigning, volunteering, and the Men’s Shed (which involves men across all age groups) were all spoken about as beneficial.



“...having the freedom, as a volunteer, using your own experience, saying things that others want to say but can’t...”

“Having a purpose, especially in retirement when you have lost your connections at work. Volunteering [is important] but some people just don’t get it. Volunteering gets rid of stress.”

“Being with other people helps you go out at night – and things being organised for you, in groups.”

“I have not got time to be ill if I come to the [Men’s] shed.”

- 2.8 The biggest influence to giving up hobbies and pastimes from earlier life appeared to be marriage and having a family, where time pressures meant they were difficult to pursue.
- 2.9 At the Men’s Shed it was felt there was a gap in activities for men in the 40 – 60 year old age group and that the needs of this group were not being recognised. Additionally, it was perceived that a lot of activities are based around or associated with alcohol (such as skittles and darts) and that there should be more places for men to meet to chat and have tea or coffee.

Transport

- 2.10 Transport plays an important role in enabling people to take part in activities and to socialise. Without someone to provide a lift in their car, many would be (or are) excluded, particularly if an activity happens to be in a rural area. This was an issue raised over many discussions across many different aspects of older life and was very much associated with the risk of loneliness and isolation.



“Transport [is]...not afforded the level of importance it should be.”

“The lack of transport isolates people – you might be able to get one way but then you can’t get back! It goes against the drive to alleviate loneliness.”

“There is a lack of accessible infrastructure for people who don’t drive.”

“If these [transport] issues were addressed, we would age well!”

“There are many disabled people who are stuck out in villages – community transport looks good on paper but you have to book a Slinky bus two weeks in advance.”

“...it’s a problem that community transport runs along district council lines – if you need to cross over into another district on your journey.”

Technology

- 2.11 Access to and use of ‘technology’ (such as computers, laptops, Smart phones etc) was a mixed bag overall and not dominant in conversations but in terms of ageing well included computers being used to Skype friends and family, send emails, play computer ‘brain games’, make GP appointments online, shop, look for information and book travel. One participant said, *“Life would be very difficult without it.”* but in one group (of 12 people), less than half used technology – a lack of access and training being key barriers.
- 2.12 The increasing expectation of and reliance on **being online** was a concern; some feeling pressured to access services digitally and then “pushing the wrong button”, particularly with banking. It highlighted the continuing importance for personal contact with different services – including banks and post offices and also supermarkets, where automated checkouts are perceived to be on the increase.



“There is an increasing need for people to use computers – ¹Digital by Default, banking online, whether they want to or not.”

“Everyone is an individual – confidence helps people – digitalisation does not include people.”

“People will see the perils of technology and things will level out – and they will come to enjoy being outside again.....”

“Computers are a means to an end.”

Employment and retirement

- 2.13 Employment and retirement was explored in more detailed in the individual interviews however, it was a thread in most discussions affecting perspectives, activities and circumstances in both positive and negative ways around ageing well. One participant referred to discrimination:

“Ageism in the workplace; if you lose your job and you are over 50, it is very difficult to get work”,

¹The **Digital by Default** Service Standard is a set of criteria for **digital** teams building government services to meet.

Another participant referred to extended working: *“Late retirement has an impact on jobs for young people.”*

Other comments included:

“Thinking positively, keep talking to people who are working, after you retire.”

“Losing your job can take away your identity.”

“A lack of funds [in retirement] – you don’t have the funds that you thought you would.”

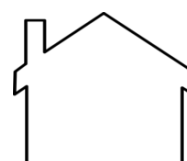
[Being a councillor] “You need passion, a caring attitude and to want to make a difference each day.”

“Being a parent was a full time job and I was happy to do it.”

- 2.14 Although the majority of participants (but certainly not all) were retired, it was obvious that although work connections were often lost and in many cases money was tight, most were involved with other activities such as the University of the Third Age (²U3A), volunteering, Active Living Centres, community groups, older persons’ forums and Men’s Sheds.
- 2.15 It was interesting to hear about how some participants from outside the county had holidayed or been billeted in Somerset as children. This experience had influenced (for some and their families) a move to Somerset in retirement. A familiarity with the area helped them settle more easily in to local communities.

Housing

- 2.16 Housing in childhood was often described as ‘cold’ in the winter but this was considered to be healthier than the perceived trend for overheated houses today. One participant’s home (interview) was bombed during the Second World War, a relative’s home they moved into was also bombed and at the third relative’s house they moved to, bombs fell on the garden.
- 2.17 Participants living in **sheltered housing** (overall, positive about sheltered housing schemes), voiced several concerns including withdrawal of an internal phone system (leading to isolation), the installation of a communal computer without training for



² University of the Third Age ‘Retired and semi-retired people come together and learn together, not for qualifications but for its own reward’

residents, a lack of support to staff, loss of general maintenance and the potential consequences of reduced public sector funding.

“Maintenance not done in the short term, just costs money in the future.”

- 2.18 Some people felt there was pressure growing for older people who owned their own homes, to down-size.

“Downsizing is becoming a phrase that says this is something you should do.”

“[It] depends on the length of time in a house. Your house is an expression of who you are.”

“It ages you when you move...it puts two and a half years on your age if you move once in your 70s.”

- 2.19 One participant had changed a garden area to be low maintenance which enabled her and her husband to go out more and also reduced the need to move.

- 2.20 Many felt there wasn't adequate housing for older people to move into anyway and more could be done to keep older people in their own homes. Some housing schemes do not allow older people to take their pets and this was considered to be detrimental to ageing well.



“[There is a] lack of choice of housing for older people – people who sell may be prepared to pay more for a bungalow but the focus is always on the bottom line.”

“More could be done to help older people stay in their homes – free solar panels, examples like the new hospital at home and equipping homes properly.”

“...when you take a dog for a walk...you aren't just taking the dog out. Having a pet keeps you alive. A pet is a friend.”

“[Older people] need to weigh up the cost of paying for help at home versus the cost of a residential home.”

Caring

- 2.21 Becoming a carer can be a common feature of ageing just as needing to be cared for can be. Caring responsibilities are demanding at any age but for people who are older there are more often existing concerns about their health and how they can be sustained to keep providing care at home.



“Look after the carer or you will have to look after two people.”

“My husband has to stay well to look after me. But [his caring responsibility] puts his health at risk.”

“Older carers have a much tougher time [as it is so physically tiring].”

- 2.22 For one participant who had been a carer to her husband some years ago, the support she received from her GP and social services made such a positive difference she volunteered at the facility where her husband received respite care, after he had passed away. *“Planned respite before crisis is so important.”*

- 2.23 Other participants with caring responsibilities spoke of feeling isolated, tired and unsupported.

“There’s not enough time and not enough carers – this feeds back on family carers.”

“Carers and people with mental health problems need more community support and different sorts of community support.”

“People with dementia should be looked after as a unit with their carer.”

“Care homes should take people for night – to help carers get some rest – or take them together.”

“[There is] increased stress with caring for someone who has dementia – makes you defensive all the time, there’s no let up....you become run down, getting ill....”

- 2.24 Some, including those in extra-care housing, shared concerns about additional costs and the lack of time **paid carers** had to do their jobs.

"[Time] is not just an issue in the community, [it's] also the case in extra care housing."

"An elderly person in the scheme wanted a newspaper and was told they would be charged £5.00 by the care company for this."

"The time paid carers have with patients [is an issue] and not enough care assistants in the community. Community care is fine in theory but not practically."

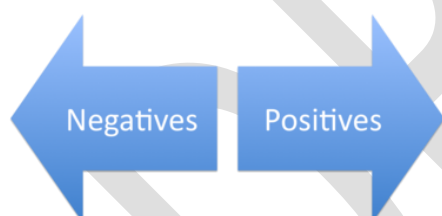
2.25 Some mothers and carers in the Service User Engagement Group felt they were able to get valued time off when the children or cared-for adults took part in sporting events.

2.26 Additionally, there was the challenge of resuming a 'normal' life if the caring role came to an end.

"Rebuilding confidence after being a carer. Caring is like being in a bubble – going back to your own life – it's a big change over."

Attitude and personal resilience

2.27 Attitude and personal resilience was a factor in many conversations and strongly influenced the way individuals reacted to different circumstances. Personal resilience was sometimes influenced by childhood, upbringing, faith or relationships. Interestingly, one participant observed,



"Peers can judge you for taking up help. It can be perceived as going against the self-reliance ethic".

Others commented:

"Mental wellbeing – looking forward to the future – there is a lot of adverse publicity – you have to be optimistic."

"Children were known. Being known in your community gives you a stronger identity. Behaviour was monitored [by neighbours and other people in the community] in a protective way which leads to a positive mindset, which leads to resilience."

“When my parents were in their 70s they were old. We under estimate how young we feel. Now in our 70s we do not feel old.”

“The war taught you no matter how bad things were, there were always positives. The attitude then was defiant but also fatalistic.”

“I am a positive person.”

“[Councillors] need passion, a caring attitude and to want to make a difference each day.”

Family

- 2.28 The support of family and friends, the presence of grandchildren and wanting to watch them grow up provided strong positives for some to ageing. Being able to pass on knowledge and experience to the younger generation generally was also considered important.



“[It’s a] good idea for older people to go into schools – having a two way conversation about ‘life’.”

“[There is a] loss of family units and a lack of connection to grandparents. So much begins at home, teaching practical skills to the very young.”

- 2.29 A lack of family (for whatever reasons) was, of course, also reflected in discussions, some finding life harder and feeling anxious as they got older when did not have any relatives. Changes in family structure played a part, illustrated by a younger participant with children.

“Pressures on young families are different – and have changed – we can’t look after parents anymore.”

Communities

- 2.30 Voluntary community support is a valuable and valued asset in the course of ageing well and a lack of it was perceived to increase isolation. Many participants volunteered in their communities or were active in community groups (eg. in sheltered housing or through pastoral care, outreach and community centres), providing comfort and conversation, once again, emphasising

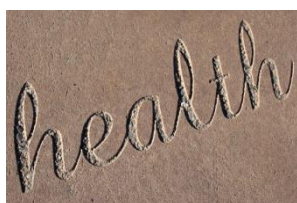


the importance of social contact.

- 2.31 Community services were felt to be under-resourced (see also paid carers - 2.24) and financially under threat. With more reliance on volunteers, ensuring they can be most effective needed planning. *“Infrastructure for community services needs to be taken into account – libraries etc – volunteers need IT training etc.”*
- 2.32 Across both community services, support and networks ‘knowing what’s out there’ was considered very important and some people had found support just by chance. *“I found out about [the Men’s Shed] through Points West.”*

Health services

2.33



The NHS, but most specifically GPs, were mentioned in some conversations but in terms of ageing well, perhaps not as much as would have been expected. Getting information from GPs about support networks, a perceived over-reverence toward GPs by some older people, feeling rushed during a consultation, problems with access to GPs, having a named GP *“...the person you know”*, a surgery closure in a village, a GP with a dismissive attitude (from a participant in the Service User Engagement Group) but also the benefits of having a helpful GP, were all mentioned.

“....some GPs understand the wide range of your needs; others do not. There’s an ‘I’m all right, Jack’ attitude amongst some. They don’t want to interact with you at all. There’s a lack of conversation in the world.”

“.....the NHS is a complex bureaucracy, a system that functions too rigidly. People need to know how the system works in order for it to work for you.”

- 2.34 Transport featured (again), such as difficulties with access to buses for some people who were disabled or had a sensory impairment, having to make two separate trips to get to the district hospital by bus from Street and Bridgwater and no bus service direct to a GP surgery available from Monkton Heathfield (near Taunton).

Independence

- 2.35 The importance of being independent combined with the need to accept limitations as we age was a thread in many discussions. The need to

balance a freer personal life with having have the 'right' help and support when it's needed ; to *"not be overwhelmed by illness"* but looking at what can be achieved, however small, played a positive part – particularly for mental wellbeing. Again, one of the key factors in striking this balance links to social contact.

"Having a sense of control over something."

"[there are] negative expectations of 'being old' – from family and well-meaning friends."

"Too much being done for you, a bit of help yes, but more encouragement is needed."

"The need to come to terms with the fact you can't do things for yourself."

[The care worker said]..."I'm here to help you get dressed, but what can you do?"

Isolation and loneliness

2.36 The threat and effect of isolation and loneliness as a barrier to ageing well came up in many conversations but was acknowledged as not just a potential problem for older people.



"It is very easy here not to see anyone all day."

"There can be heavy social penalties for people who move nearer their children – it can be difficult."

[Isolation] *"Not having people to encourage you."*

"Some people can resist contact with others, you feel you have nothing to say."

"[An] increasing lack of community – affects isolation."

"Loneliness for your own age group, which can be across the board."

"Isolation [is] made worse by lack of transport."

"Being unwell makes you isolated."

“Young people’s lives are not entirely in their control – there are too many assessment regimes within education and too many adults on their backs.”



“Young people should be given the opportunity to look after an animal – to have that responsibility and fun.”

“The world is changing – it’s important to be in touch. We’re the last generation affected by war. People now have no model of what war-time life was like.”

“There is a ‘expect everything now and not save for it’ attitude that leads to debt.”

“Curb the need for better and bigger things – [and by curbing this] to have quality of life.”

“[there are] not enough places on apprenticeships and many can’t afford to finish the courses.”

“Higher expectations and pressures are making some young people unhappy – leading to mental health problems.”

“There is a more transient lifestyle now [for young people] – more travel, they don’t settle like their parents did – and don’t have that ‘platform’ to come back.”

“Protect the individuality of young people – [there is] too much pressure on them to be the same.”

‘Anything else?’ Additional comments:

2.43 *“I am a person and I have a place in society – you can’t box people.”*

“Don’t assume people want to do things or aren’t doing things they enjoy – respect their point of view.”

“Parents [are] more compliant in providing what’s expected by their children [in terms of branding], afraid to say “No” – healthy neglect wouldn’t be a bad thing.”

“The earlier you stop bad habits, the better it is for you in older age – and don’t pass poor lifestyles on to your children!”

“People do tend to look back on the good, but wouldn’t want to necessarily relive childhood and adolescence.”

“Older people mix with older people – they have the same sort of memories.”

“[People] mustn’t just see the outer shell – but see all the experience an older person has in them.”

3. Conclusion

- 3.1 These have been wide ranging and interesting conversations illuminating the lively positives of ageing well and reflecting on the difficulties and problems that can come in older age or indeed, throughout life.
- 3.2 A participant finished one discussion with the words “*Old age is a bugger*” but the insight from this engagement highlights the reason why there needs to be an emphasis on prevention (in public health terms) to help us have better health and wellbeing later in life.
- 3.3 Attitudes toward younger people were, in the main, positive and supportive. A film collaboration like “In It Together” (which brought together members of the pensioner and youth communities in Bridgwater, to explore perceived generational differences) is a good example of how well younger and older people can work together. Intergenerational activities should be encouraged and celebrated as a way to improve wellbeing and harness valuable experience.
- 3.4 In the design of services for older people and the work in preventing ill health and sustaining wellbeing as we get older, the importance of social contact is paramount.
- 3.5 These conversations illustrate this importance and the infrastructure that’s needed to maintain such a key element to ageing well – transport, community support and activities, training to be able to use a computer, paid carers saying more than just “Hello” – differences that often aren’t expensive and make a real and positive difference.
- 3.6 The importance of social contact also has implications for social prescribing (where some patients are referred for community support to help their wellbeing) and is an area Somerset Clinical Commissioning Group (CCG) has referred to building on in its [Sustainability and Transformation Plan \(STP\)](#).

Ends